

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Livie and Luca LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 39-2051701

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1423 Broadway, Ste. 170
Oakland, CA 94612

Number, Street, City, State & ZIP Code

Alameda
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

7200 Intermodal Dr. Louisville, KY 40258
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.livieandluca.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

 4482

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities ☐ \$0 - \$50,000 ☒ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

Debtor

Livie and Luca LLC

Name

Case number (if known)

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 8, 2023**
MM / DD / YYYY

X /s/ Mitzi Rivas

Signature of authorized representative of debtor

Mitzi Rivas

Printed name

Title **CEO**

18. Signature of attorney

X /s/ Stephen D. Finestone

Signature of attorney for debtor

Date **August 8, 2023**

MM / DD / YYYY

Stephen D. Finestone 125675

Printed name

Finestone Hayes LLP

Firm name

**456 Montgomery St., 20th Floor
San Francisco, CA 94104**

Number, Street, City, State & ZIP Code

Contact phone **415 421-2624**

Email address **sfinestone@fhllawllp.com**

125675 CA

Bar number and State

**WRITTEN CONSENT
OF THE MANAGER AND MEMBERS OF
LIVIE AND LUCA LLC,
a California Limited Liability Company**

August 8, 2023

The undersigned, as the Manager and sole Member of Livie and Luca LLC, a California limited liability company (the “**Company**”), acting by the authority designated by the Company’s Operating Agreement, does hereby consent to the adoption of the following resolutions and agree that such resolutions shall have the same force and effect as if they were approved and adopted by all the members of the Company.

WHEREAS, the Manager has reviewed the historical performance of the Company, the market for the Company’s services and the current and long-term liabilities of the Company as of the date hereof;

WHEREAS, the Manager has been monitoring the performance of the Company and exploring various alternatives for the Company in connection with its relationship with its creditors;

WHEREAS, the Manager has determined that it is advisable and in the best interests of the Company, its creditors, its owners/members, and other interested parties that a voluntary petition (the “**Bankruptcy Case**”) be filed by the Company under the provisions of Chapter 11 of Title 11 of the United States Code (the “**Bankruptcy Code**”);

WHEREAS, the Manager has determined that it is advisable and in the best interests of the Company, its creditors, its owners/members and other interested parties that the Company file all petitions, motions, declarations, schedules, lists, and other papers or documents necessary or proper to obtain relief under the Bankruptcy Case (the “**Bankruptcy Petitions**”); and

WHEREAS, the Manager has determined that it is advisable and in the best interests of the Company, its creditors, its owners/members and other interested parties that the Company take any and all actions necessary or proper to obtain relief under the Bankruptcy Case, including retaining any and all assistance by legal counsel, financial advisers, accountants and/or other professionals and to take any and all action necessary and proper in connection with the Bankruptcy Case, with a view to the successful prosecution of such case (collectively, the “**Bankruptcy Actions**”);

NOW, THEREFORE, BE IT RESOLVED, that (i) the filing, execution, negotiation, delivery and performance of the Bankruptcy Petitions and the Bankruptcy Actions on behalf of the Company be, and hereby is, approved, confirmed and ratified, and (ii) the Manager and anyone acting under the authority of the Manager (the “**Authorized Representatives**”) be, and each of them acting alone hereby is, authorized, empowered and directed, in the name of and on behalf of the Company, to execute, deliver and perform the Bankruptcy Petitions, the Bankruptcy Actions and such other ancillary agreements, documents and certificates as the Authorized Officer executing the same determines is necessary or appropriate;

RESOLVED FURTHER, that all acts lawfully done, or actions lawfully taken by the Authorized Representatives of the Company to seek relief under the Bankruptcy Code or in connection with the Bankruptcy Case, or any matter related thereto, be, and hereby are, adopted, ratified, confirmed and approved in all respects as the acts and deeds of the Company.

RESOLVED FURTHER, that the Authorized Representatives of the Company are authorized and directed to engage legal counsel, financial advisers, accountants and/or other professionals, execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the Bankruptcy Case and to cause to be filed an appropriate application for authority to retain the services of legal counsel, financial advisers, accountants and/or other professionals to the Company in furtherance of the Company's objectives pursuant to the Bankruptcy Case.

GENERAL AUTHORIZATION

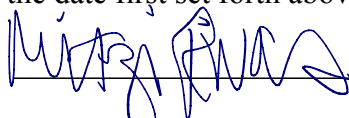
RESOLVED FURTHER, that the Authorized Representatives, and any Authorized Representative acting alone, be, and each of them acting alone hereby is, authorized, empowered and directed, in the name of and on behalf of the Company, to execute and deliver any and all other agreements, certificates, deeds, instruments, petitions, motions, declarations or other documents required to be filed or entered into or contemplated by the foregoing resolutions, including any certificates, and to do or cause to be done any and all further acts and things which any such Authorized Representative(s) may deem necessary, advisable or appropriate in connection with the execution, delivery and performance of the Bankruptcy Petitions and the Bankruptcy Actions;

RESOLVED FURTHER, that the consummation of the actions contemplated by the foregoing resolutions and the execution and delivery by the Authorized Representative, and any Authorized Representative acting alone, of any document, agreement, certificate or instrument and the doing by such Authorized Representative(s) of any act in connection with the foregoing shall conclusively establish his or her authority to do so on behalf of the Company;

RESOLVED FURTHER, that any and all actions heretofore taken by the Authorized Representatives, and any Authorized Representative acting alone, in connection with the matters contemplated by the foregoing resolutions be, and they hereby are, approved, ratified and confirmed in all respects as fully as if such actions had been presented for approval prior to such actions being taken; and

RESOLVED FURTHER, that this consent may be executed in one or more counterparts, and each counterpart shall be deemed an original together constituting one instrument.

IN WITNESS WHEREOF, the undersigned, being Manager and sole Member of the Company, has executed this document on and as of the date first set forth above.


Mitzi Rivas

Profit and Loss, Summary, Monthly, Accrual Basis

January - June, 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Total
INCOME							
4110 Merchandise Sales	159,482	160,147	237,271	99,915	95,826	147,037	899,676
4180 Other Revenue	6,414	4,181	6,336	2,211	3,837	9,414	32,394
Total Income	165,896	164,328	243,606	102,126	99,663	156,451	932,070
COST OF GOODS SOLD							
5110 Merchandise COGS	47,536	78,910	89,169	181,222	127,300	28,980	553,116
5120 Shipping/Fulfillment COGS	93,424	115,654	75,236	113,870	37,932	8,389	444,505
5130 Other COGS	9,721	9,574	16,143	13,529	9,439	12,241	70,646
Total Cost of Goods Sold	150,681	204,139	180,547	308,621	174,671	49,609	1,068,268
GROSS PROFIT	15,215	-39,811	63,060	-206,495	-75,009	106,842	-136,198
EXPENSES							
6110 GnA - Personnel	38,399	33,854	38,345	33,245	25,993	27,877	197,715
6120 GnA - Travel and Entertainment	1,782	71		81	-1,303	900	1,531
6130 GnA - Facilities	1,422	465	465	465	465	465	3,747
6150 GnA - Office Administration	168	224	60	553	633	678	2,315
6160 GnA - Banking and Financing	195	235	266	204	1,418	1,381	3,699
6170 Professional Fees	7,099	6,854	7,082	4,541	-4,856	10,382	31,101
6280 GnA - Other	11,518	9,239	8,200	6,226	8,963	8,454	52,600
6310 SnM - Personnel	14,590	2,635	2,670	4,600	3,140	2,163	29,798
6330 SnM - Advertising, Promotion	79,473	47,461	74,432	58,558	20,628	18,297	298,849
6340 SnM - Other		227					227
6410 RnD - Other	-43						-43
Total Expenses	154,603	101,266	131,520	108,473	55,082	70,596	621,539
NET OPERATING INCOME	-139,387	-141,077	-68,460	-314,968	-130,090	36,246	-757,737
OTHER INCOME							
7419 Other Non-Operating Income	1,198	20	20	20	1,593	243	3,095
Total Other Income	1,198	20	20	20	1,593	243	3,095
OTHER EXPENSES							

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Total
Unrealized Gain or Loss	0	0	0	0	0	0	0
8111 Interest Expense	5,049	3,607	6,529	4,713	8,445	5,317	33,662
8211 Depreciation, Amortization	2,767	2,767	2,767	2,767	2,767	2,767	16,603
8310 Other, Non-Operating Expense	2,917	3,531	4,484	2,129	823	2,448	16,331
Total Other Expenses	10,733	9,905	13,780	9,609	12,035	10,532	66,596
NET OTHER INCOME	-9,536	-9,885	-13,760	-9,589	-10,442	-10,289	-63,501
NET INCOME	\$ -148,923	\$ -150,962	\$ -82,220	\$ -324,557	\$ -140,532	\$25,957	\$ -821,238

Balance Sheet, Detail, Monthly, Accrual Basis

As of June 30, 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
ASSETS						
Current Assets						
Bank Accounts						
1110 Operating Accounts						
1111 Bank of America *0066	225	13,213	-4,300	24,008	3,297	14,638
1112 PayPal	1,329	7,520	7,353	5,832	5,912	9,559
Total 1110 Operating Accounts	1,554	20,734	3,053	29,840	9,209	24,196
1120 Non-Operating Accounts						
1121 Bank of America CD x6981	0	0	0	0	0	0
Total 1120 Non-Operating Accounts	0	0	0	0	0	0
1130 Clearing Accounts						
1131 Bill.com Money Out Clearing	0	0	0	0	0	0
1132 Payroll Clearing	0	-10,997	0	0	0	0
Total 1130 Clearing Accounts	0	-10,997	0	0	0	0
1191 Undeposited Funds	0	0	0	0	0	0
Total Bank Accounts	1,554	9,737	3,053	29,840	9,209	24,196
Accounts Receivable						
1211 Accounts Receivable	0	0	0	0	0	0
Total Accounts Receivable	0	0	0	0	0	0
Other Current Assets						
1310 Other Receivables	0	0	0	0	0	0
1311 Due from Afterpay	363	585	344	-463	0	0
1312 Due from Amazon Pay	256	721	4,352	890	152	153
1313 Due from Amazon.com	4,480	4,259	7,382	5,635	2,115	2,279
1314 Due from Bankcard	0	0	0	0	0	0
1315 Due from Other Payment Processor	0	0	0	0	14	-51
1316 Due from Shopify	6,775	9,204	7,097	2,217	4,601	13,685
1317 Due from Wholesale Customers	0	0	0	0	0	0

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
1318 Due from Zappos	0	0	0	0	0	0
Total 1310 Other Receivables	11,875	14,768	19,176	8,279	6,882	16,065
1380 Other Current Asset						
1321 Prepaid Expenses	18,989	15,458	10,974	8,845	8,022	5,574
1322 Due from Vendors	0	0	0	0	0	0
1323 Prepaid Inventory	225,672	207,853	253,685	253,685	253,685	253,685
1324 Prepaid Freight	10,000	10,000	10,000	10,000	10,000	10,000
Total 1380 Other Current Asset	254,660	233,310	274,659	272,530	271,707	269,259
1389 Uncategorized Asset	0	0	0	0	0	0
1410 Inventory Asset						
1411 Inventory	1,378,110	1,299,200	1,210,031	1,028,810	901,509	872,530
1412 Inventory - Duty	222,296	208,331	196,349	167,978	153,783	150,975
1413 Inventory - Freight In	199,756	183,946	170,381	143,719	130,380	127,970
Total 1410 Inventory Asset	1,800,162	1,691,477	1,576,762	1,340,507	1,185,673	1,151,475
Undeposited Funds - dnu	0	0	0	0	0	0
Total Other Current Assets	2,066,697	1,939,555	1,870,596	1,621,316	1,464,262	1,436,799
Total Current Assets	2,068,251	1,949,292	1,873,649	1,651,156	1,473,471	1,460,995
Fixed Assets						
1511 Furniture and Equipment	2,012	2,012	2,012	2,012	2,012	2,012
1521 Computers	1,784	1,784	1,784	1,784	1,784	1,784
1531 Vehicles	55,529	55,529	55,529	55,529	55,529	55,529
1541 Accumulated Depreciation	-59,325	-59,325	-59,325	-59,325	-59,325	-59,325
Total Fixed Assets	0	0	0	0	0	0
Other Assets						
1611 Loan Costs	104,220	104,220	104,220	104,220	104,220	104,220
1621 Accumulated Amortization	-71,607	-74,374	-77,142	-79,909	-82,676	-85,443
1631 Security Deposit	0	0	0	0	0	0
Total Other Assets	32,612	29,845	27,078	24,311	21,544	18,777
TOTAL ASSETS	\$2,100,863	\$1,979,137	\$1,900,727	\$1,675,467	\$1,495,014	\$1,479,772

LIABILITIES AND EQUITY

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
Liabilities						
Current Liabilities						
Accounts Payable						
2111 Accounts Payable	809,887	808,747	851,885	875,320	863,094	811,959
2112 Accounts Payable (A/P) - GBP	3,803	4,254	4,254	4,254	4,254	4,254
Total Accounts Payable	813,690	813,002	856,139	879,574	867,348	816,213
Credit Cards						
2220 BoA Corp Credit Card x1413	176,436	166,735	169,435	172,531	175,472	178,826
2221 BoA Corp CC x5557 Garcia, Amie	-509	-22	0	0	0	0
2222 BoA Corp CC x5209 McClure, Yarra	0	0	0	0	0	0
2223 BoA Corp CC x5939 Pierdinock-Hagen, Emily	0	0	0	0	0	0
2224 BoA Corp CC x7905 - Mitzi Rivas	0	0	0	0	0	0
Total 2220 BoA Corp Credit Card x1413	175,927	166,713	169,435	172,531	175,472	178,826
2225 Chase Credit Card x8370			30,940	32,102	29,920	28,572
2226 Discover Card x1792			10,638	15,395	11,565	10,053
2227 US Bank Credit Card x2961			14,185	13,109	13,051	12,883
Total Credit Cards	175,927	166,713	225,198	233,137	230,008	230,334
Other Current Liabilities						
2310 Payroll Liabilities						246
2311 Federal Payroll Taxes (941/944)	-1,991	-2,045	0	0	-598	-1,413
2313 State Payroll Taxes	0	0	0	0	382	1,142
2314 State Unemployment	0	217	332	365	398	456
2315 401K Payable	0	0	0	0	0	0
2316 Child Support Payable	0	0	0	0	0	0
2317 Due to Employees				9,757	17,717	16,111
Total 2310 Payroll Liabilities	-1,991	-1,827	332	10,122	17,899	16,541
2410 Other Current Liabilities						
2411 Sales Tax Payable	4,138	5,723	10,401	1,962	3,111	6,815
2412 HBC - Line of Credit 0100	313,670	313,670	293,182	293,182	272,594	272,594
2413 Due to Shareholder - Mitzi	29,158	29,158	29,158	29,158	29,158	29,158

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
2414 PayPal Working Cap Loan	89,171	81,866	73,990	70,651	71,684	67,700
2415 Customer Prepayments	0	0	0	0	0	0
2416 Gift Cards Outstanding	61,111	59,415	58,426	57,154	56,267	54,704
2417 Accrued Expenses	0	0	0	0	0	0
2418 BCLP Legal Bill Liability	40,658	40,658	40,658	40,658	40,658	40,658
2419 The Bancorp Bank loan x2956						40,606
Total 2410 Other Current Liabilities	537,907	530,491	505,815	492,765	473,473	512,234
Total Other Current Liabilities	535,916	528,663	506,147	502,887	491,372	528,776
Total Current Liabilities	1,525,533	1,508,378	1,587,484	1,615,598	1,588,728	1,575,322
Long-Term Liabilities						
2510 Loan Payable						
2511 Shopify Loan Payable	196,277	166,344	126,717	108,023	100,539	78,293
2512 AGS Liability	102,778	100,278	97,278	97,278	97,278	97,278
2513 HBC Loan Payable x101	28,778	20,431	12,025	3,584	-15	-15
2514 Bond Payable	53,496	51,837	50,167	48,484	46,788	45,079
2515 EIDL Loan Payable	500,000	500,000	500,000	500,000	500,000	500,000
2516 PPP Loan Payable	0	0	0	0	0	0
2517 Loan Payable - Amie Garcia	9,916	9,916	9,916	9,916	9,916	9,916
2518 Insul-Techs Convertible Note				60,000	60,000	60,000
Total 2510 Loan Payable	891,245	848,806	796,102	827,285	814,505	790,551
Total Long-Term Liabilities	891,245	848,806	796,102	827,285	814,505	790,551
Total Liabilities	2,416,779	2,357,183	2,383,586	2,442,883	2,403,233	2,365,874
Equity						
3111 Opening Balance Equity	0	0	0	0	0	0
3120 Shareholder Equity - Mitzi						
3121 Shareholder Contributions - Mitzi	577,057	694,389	694,389	734,389	734,389	734,299
3122 Shareholder Distributions - Mitzi	-148,300	-176,800	-199,392	-199,392	-199,663	-203,413
Total 3120 Shareholder Equity - Mitzi	428,757	517,589	494,997	534,997	534,726	530,886
3130 Shareholder Equity - Amie						
3131 Shareholder Contributions - Amie	0	0	0	0	0	0

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
3132 Shareholder Distributions - Amie	0	0	0	0	0	0
Total 3130 Shareholder Equity - Amie	0	0	0	0	0	0
3141 Retained Earnings	-595,750	-595,750	-595,750	-595,750	-595,750	-595,750
Net Income	-148,923	-299,885	-382,105	-706,662	-847,194	-821,238
Total Equity	-315,916	-378,046	-482,859	-767,416	-908,219	-886,102
TOTAL LIABILITIES AND EQUITY	\$2,100,863	\$1,979,137	\$1,900,727	\$1,675,467	\$1,495,014	\$1,479,772

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2021, or tax year beginning _____, ending _____ ▶ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2021	
A Principal business activity Manufacturer		Name of partnership LIVIE and LUCA, LLC		D Employer identification number 39-2051701	
B Principal product or service Shoes		Type or Print Number, street, and room or suite no. If a P.O. box, see instructions. 6400 HOLLIS STREET STE 15		E Date business started 01/01/2006	
C Business code number 448210		City or town, state or province, country, and ZIP or foreign postal code EMERYVILLE CA 94608		F Total assets (see instructions) \$ 1,659,861 See Statement 1	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input checked="" type="checkbox"/> Amended return					
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____					
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2					
J Check if Schedules C and M-3 are attached ▶ <input type="checkbox"/>					
K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.					
Income	1a Gross receipts or sales		1a 5,796,697		
	b Returns and allowances		1b 104,883		
	c Balance. Subtract line 1b from line 1a				1c 5,691,814
	2 Cost of goods sold (attach Form 1125-A)				2 4,263,649
	3 Gross profit. Subtract line 2 from line 1c				3 1,428,165
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
7 Other income (loss) (attach statement)		See Statement 2		7 24,334	
8 Total income (loss). Combine lines 3 through 7				8 1,452,499	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				9 421,015
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance				11
	12 Bad debts				12
	13 Rent				13 12,150
	14 Taxes and licenses				14 72,648
	15 Interest (see instructions)		See Statement 3		15 45,406
	16a Depreciation (if required, attach Form 4562)		16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
19 Employee benefit programs				19 47,924	
20 Other deductions (attach statement)		See Statement 4		20 883,788	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 1,482,931	
22 Ordinary business income (loss). Subtract line 21 from line 8				22 -30,432	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)				23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)				24
	25 BBA AAR imputed underpayment (see instructions)				25
	26 Other taxes (see instructions)				26
	27 Total balance due. Add lines 23 through 26				27
	28 Payment (see instructions)				28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed				29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment				30
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		Signature of partner or limited liability company member _____ Date _____			
Paid Print/Type preparer's name Matthew L. Rzepka		Preparer's signature Matthew L. Rzepka		Date 06/21/23	
Preparer Use Only Firm's name ▶ Valley Oak		Check <input type="checkbox"/> if self-employed		PTIN P00701323	
Firm's address ▶ 6011 Stadium Drive Kalamazoo, MI		Firm's EIN ▶ 20-5030243		Phone no. 269-492-7220	
49009-2007					

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2021)

DAA

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Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other ►		
2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8 At any time during calendar year 2021, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►		X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election?		X
See instructions for details regarding a section 754 election.		
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		0
16a Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		0
18 Enter the number of partners that are foreign governments under section 892		0
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions		\$
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions		X
a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15		\$
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
Percentage: By Vote By Value		X
29 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions.		X
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3		
If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	Mitzi Rivas
U.S. address of PR	1499 Posen Ave Albany CA 94706
U.S. phone number of PR	888-548-5822
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	
U.S. phone number of designated individual	

Schedule K Partners' Distributive Share Items				Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	-30,432	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4	Guaranteed payments: a Services 4a b Capital 4b			
	c	Total. Add lines 4a and 4b	4c		
	5	Interest income	5	18	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a		
	b	Qualified dividends 6b c Dividend equivalents 6c			
	7	Royalties	7		
Deductions	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b	Collectibles (28%) gain (loss)	9b		
	c	Unrecaptured section 1250 gain (attach statement)	9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
	12	Section 179 deduction (attach Form 4562)	12		
	13a	Contributions See Statement 5	13a		
	b	Investment interest expense	13b		
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)		
	d	Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a	Net earnings (loss) from self-employment	14a	-30,432	
	b	Gross farming or fishing income	14b		
	c	Gross nonfarm income	14c	1,452,499	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a		
	b	Low-income housing credit (other)	15b		
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c		
	d	Other rental real estate credits (see instructions) Type ▶	15d		
	e	Other rental credits (see instructions) Type ▶	15e		
	f	Other credits (see instructions) Type ▶ See Statement 6	15f	10,104	
International Transactions	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a		
	b	Adjusted gain or loss	17b		
	c	Depletion (other than oil and gas)	17c		
	d	Oil, gas, and geothermal properties – gross income	17d		
	e	Oil, gas, and geothermal properties – deductions	17e		
	f	Other AMT items (attach statement)	17f		
	Other Information	18a	Tax-exempt interest income	18a	
b		Other tax-exempt income See Statement 7	18b	266,521	
c		Nondeductible expenses See Statement 8	18c	11,283	
19a		Distributions of cash and marketable securities	19a		
b		Distributions of other property	19b		
20a		Investment income	20a	18	
b		Investment expenses	20b		
c		Other items and amounts (attach statement) See Statement 9			
21		Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21.					1	-30,414	
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners			-15,165			-15,249

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		622,779		786,476
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		1,017,335		630,670
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) See Stmt 10		54,681		11,806
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	59,325		59,325	
b	Less accumulated depreciation	59,325	0	59,325	0
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)	101,677		104,220	
b	Less accumulated amortization	40,193	61,484	54,411	49,809
13	Other assets (attach statement) See Stmt 11				181,100
14	Total assets		1,756,279		1,659,861
Liabilities and Capital					
15	Accounts payable		52,868		34,203
16	Mortgages, notes, bonds payable in less than 1 year		1,099,882		826,672
17	Other current liabilities (attach statement) See Stmt 12		68,471		61,986
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		47,650		29,158
b	Mortgages, notes, bonds payable in 1 year or more		149,900		149,900
20	Other liabilities (attach statement)				
21	Partners' capital accounts		337,508		557,942
22	Total liabilities and capital		1,756,279		1,659,861

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	200,990	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): See Stmt 13	23,834	a	Tax-exempt interest \$ See Statement 15	266,521
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	266,521
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-30,414
	See Statement 14	11,283			
5	Add lines 1 through 4	236,107			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	337,508	6	Distributions: a Cash	
2	Capital contributed: a Cash			b Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	200,990	8	Add lines 6 and 7	
4	Other increases (itemize): See Stmt 16	19,444	9	Balance at end of year. Subtract line 8 from line 5	557,942
5	Add lines 1 through 4	557,942			

Form **1125-A**(Rev. November 2018)
Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

OMB No. 1545-0123

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name

LIVIE and LUCA, LLC

Employer identification number

39-2051701

1	Inventory at beginning of year	1	1,017,335
2	Purchases	2	1,993,089
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) See Statement 17	5	1,883,895
6	Total. Add lines 1 through 5	6	4,894,319
7	Inventory at end of year	7	630,670
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	4,263,649

9a Check all methods used for valuing closing inventory:

- (i) ☒ **Cost**
(ii) ☐ Lower of cost or market
(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** **e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☐ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

**SCHEDULE B-1
(Form 1065)**

(Rev. August 2019)

Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**▶ **Attach to Form 1065.**▶ **Go to www.irs.gov/Form1065 for the latest information.**

OMB No. 1545-0123

Name of partnership

LIVIE and LUCA, LLC

Employer identification number (EIN)


39-2051701**Part I** **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Mitzi Rivas		United States	100.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

Partner# 1

2021

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year

beginning ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership													
A	Partnership's employer identification number 39-2051701												
B	Partnership's name, address, city, state, and ZIP code LIVIE and LUCA, LLC 6400 HOLLIS STREET STE 15 EMERYVILLE CA 94608												
C	IRS Center where partnership filed return ▶ e-file												
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)												
Part II Information About the Partner													
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) [REDACTED]												
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. Amie Garcia 33 CALVERT CT OAKLAND CA 94611-3435												
G	<input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member												
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner												
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____												
I1	What type of entity is this partner? Individual												
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>												
J	Partner's share of profit, loss, and capital (see instructions): <table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>50.000000 %</td> <td>50.000000 %</td> </tr> <tr> <td>Loss</td> <td>50.000000 %</td> <td>50.000000 %</td> </tr> <tr> <td>Capital</td> <td>50.000000 %</td> <td>50.000000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	50.000000 %	50.000000 %	Loss	50.000000 %	50.000000 %	Capital	50.000000 %	50.000000 %
	Beginning	Ending											
Profit	50.000000 %	50.000000 %											
Loss	50.000000 %	50.000000 %											
Capital	50.000000 %	50.000000 %											
Check if decrease is due to sale or exchange of partnership interest <input checked="" type="checkbox"/>													
K	Partner's share of liabilities: <table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Recourse</td> <td>\$ 707,442</td> <td>\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse	\$	\$	Qualified nonrecourse financing	\$	\$	Recourse	\$ 707,442	\$
	Beginning	Ending											
Nonrecourse	\$	\$											
Qualified nonrecourse financing	\$	\$											
Recourse	\$ 707,442	\$											
Check this box if Item K includes liability amounts from lower tier partnerships. <input type="checkbox"/>													
L	Partner's Capital Account Analysis <table border="1"> <tbody> <tr> <td>Beginning capital account</td> <td>\$ 168,384</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$</td> </tr> <tr> <td>Current year net income (loss)</td> <td>\$ 100,220</td> </tr> <tr> <td>Other increase (decrease) (attach explanation)</td> <td>\$ STMT 19,444</td> </tr> <tr> <td>Withdrawals & distributions</td> <td>\$ ()</td> </tr> <tr> <td>Ending capital account</td> <td>\$ 288,048</td> </tr> </tbody> </table>	Beginning capital account	\$ 168,384	Capital contributed during the year	\$	Current year net income (loss)	\$ 100,220	Other increase (decrease) (attach explanation)	\$ STMT 19,444	Withdrawals & distributions	\$ ()	Ending capital account	\$ 288,048
Beginning capital account	\$ 168,384												
Capital contributed during the year	\$												
Current year net income (loss)	\$ 100,220												
Other increase (decrease) (attach explanation)	\$ STMT 19,444												
Withdrawals & distributions	\$ ()												
Ending capital account	\$ 288,048												
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.												
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) <table border="1"> <tbody> <tr> <td>Beginning</td> <td>\$</td> </tr> <tr> <td>Ending</td> <td>\$</td> </tr> </tbody> </table>	Beginning	\$	Ending	\$								
Beginning	\$												
Ending	\$												

☒ Final K-1☒ Amended K-1651121
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) -15,174	14	Self-employment earnings (loss) -15,174
2	Net rental real estate income (loss)	C	724,260
3	Other net rental income (loss)	15	Credits 5,038
4a	Guaranteed payments for services	M	
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income 9		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	B*	STMT
7	Royalties	C*	STMT
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain	A	9
10	Net section 1231 gain (loss)	N	STMT
11	Other income (loss)	Z*	STMT
		AG*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

Partner# 2

2021

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year

beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number 39-2051701	
B Partnership's name, address, city, state, and ZIP code LIVIE and LUCA, LLC 6400 HOLLIS STREET STE 15 EMERYVILLE CA 94608	
C IRS Center where partnership filed return ▶ e-file	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. Mitzi Rivas 1499 Posen Ave Albany CA 94706	
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input checked="" type="checkbox"/> Domestic partner	<input type="checkbox"/> Foreign partner
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
I1 What type of entity is this partner? Nominee - I	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit 50.000000 %	100.000000 %
Loss 50.000000 %	100.000000 %
Capital 50.000000 %	100.000000 %
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$ 711,329	\$ 1,101,919
Check this box if Item K includes liability amounts from lower tier partnerships. <input type="checkbox"/>	
L Partner's Capital Account Analysis	
Beginning capital account \$	169,124
Capital contributed during the year \$	
Current year net income (loss) \$	100,770
Other increase (decrease) (attach explanation) \$	
Withdrawals & distributions \$ ()	
Ending capital account \$	269,894
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning \$	
Ending \$	

☐ Final K-1☒ Amended K-1651121
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) -15,258	14	Self-employment earnings (loss) -15,258
2	Net rental real estate income (loss)	C	728,239
3	Other net rental income (loss)	15	Credits 5,066
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income 9		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	B*	STMT
7	Royalties	C*	STMT
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
10	Net section 1231 gain (loss)	A	9
11	Other income (loss)	N	STMT
		Z*	STMT
		AG*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment
Sequence No. **179**

Name(s) shown on return

LIVIE and LUCA, LLC

Identifying number

39-2051701

Business or activity to which this form relates

1065 Page 1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2021)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25		
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
Loan Fees 2021	06/29/21	2,543	461	5.0	297
43 Amortization of costs that began before your 2021 tax year					43
					13,921
44 Total. Add amounts in column (f). See the instructions for where to report					44
					14,218

Form **6765**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Credit for Increasing Research Activities

OMB No. 1545-0619

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form6765 for instructions and the latest information.**

Attachment
Sequence No. **676**

Name(s) shown on return

LIVIE and LUCA, LLC

Identifying number

39-2051701

Section A – Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

1 Certain amounts paid or incurred to energy consortia (see instructions)	1	
2 Basic research payments to qualified organizations (see instructions)	2	
3 Qualified organization base period amount	3	
4 Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5	
6 Cost of supplies	6	16,066
7 Rental or lease costs of computers (see instructions)	7	
8 Enter the applicable percentage of contract research expenses. See instructions	8	84,972
9 Total qualified research expenses. Add lines 5 through 8	9	101,038
10 Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	%
11 Enter average annual gross receipts. See instructions	11	
12 Multiply line 11 by the percentage on line 10	12	
13 Subtract line 12 from line 9. If zero or less, enter -0-	13	101,038
14 Multiply line 9 by 50% (0.50)	14	50,519
15 Enter the smaller of line 13 or line 14	15	50,519
16 Add lines 1, 4, and 15	16	50,519
17 Are you electing the reduced credit under section 280C? ▶ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20% (0.20) and see the instructions for the statement that must be attached. Members of controlled groups or businesses under common control, see instructions for the statement that must be attached	17	10,104

Section B – Alternative Simplified Credit. Skip this section if you are completing Section A.

18 Certain amounts paid or incurred to energy consortia (see the line 1 instructions)	18	
19 Basic research payments to qualified organizations (see the line 2 instructions)	19	
20 Qualified organization base period amount (see the line 3 instructions)	20	
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	
22 Add lines 18 and 21	22	
23 Multiply line 22 by 20% (0.20)	23	
24 Wages for qualified services (do not include wages used in figuring the work opportunity credit)	24	
25 Cost of supplies	25	
26 Rental or lease costs of computers (see the line 7 instructions)	26	
27 Enter the applicable percentage of contract research expenses. See the line 8 instructions	27	
28 Total qualified research expenses. Add lines 24 through 27	28	
29 Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31	29	
30 Divide line 29 by 6.0	30	
31 Subtract line 30 from line 28. If zero or less, enter -0-	31	
32 Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06)	32	
33 Add lines 23 and 32	33	
34 Are you electing the reduced credit under section 280C? ▶ Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 33 by 79% (0.79). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control: see instructions for the statement that must be attached	34	

For Paperwork Reduction Act Notice, see separate instructions.

Form **6765** (Rev. 12-2020)

Section C—Current Year Credit

35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	10,104
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	
38	Add lines 36 and 37	38	10,104
	<ul style="list-style-type: none"> • Estates and trusts, go to line 39. • Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K. • Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44. • Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business. • Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c. 		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c	40	

Section D—Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the payroll tax election does not apply. See instructions.

41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions <input type="checkbox"/>		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations skip this line and go to line 44	43	
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement that must be attached	44	

Form **6765** (Rev. 12-2020)

Schedule K	Section 199A Information Worksheet For calendar year 2021 or tax year beginning _____, ending _____	2021
Partnership Name LIVIE and LUCA, LLC		Employer Identification Number 39-2051701

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	1065 Page 1				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-30,432				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	421,015				
Qualified property	59,325				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Partner# 1

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2021 or tax year beginning _____, ending _____	2021
Partnership Name LIVIE and LUCA, LLC		Employer Identification Number 39-2051701
Partner's Name Amie Garcia		Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	1065 Page 1				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-15,174				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	209,931				
Qualified property	29,581				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Partner# 2

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2021 or tax year beginning _____, ending _____	2021
Partnership Name LIVIE and LUCA, LLC		Employer Identification Number 39-2051701
Partner's Name Mitzi Rivas		Taxpayer Identification Number [REDACTED]

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	1065 Page 1				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-15,258				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	211,084				
Qualified property	29,744				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Federal Statements**Statement 1 - Form 1065, Page 1, Line G(5) - Reason for Amended Return****Description**

Amending for Employee retention credit received in 2022

Statement 2 - Form 1065, Page 1, Line 7 - Other Income (Loss)

Description	Amount
Credit Card Rewards	\$ 24,334
Total	<u>\$ 24,334</u>

Statement 3 - Form 1065, Page 1, Line 15 - Interest

Description	Amount
Interest Expense	\$ 45,406
Total	<u>\$ 45,406</u>

Statement 4 - Form 1065, Page 1, Line 20 - Other Deductions

Description	Amount
Auto	\$ 5
Gifts	1,100
Computer and Internet	48,539
Dues & Subscriptions	31,652
Insurance - General	14,980
Professional Development	300
Research & Development	453
Travel	1,393
Office expense	1,335
Postage	720
Telephone	6,750
Employee Expenses	209
Payroll Processing	5,305
Advertising	457,878
Bank Charge	1,630
Marketing	76,082
Product Design	459
Photography	31,523
Legal Fees	9,533
Accounting Fees	62,658
Outside Services	126,951
Misc Expense	189
Meals (100%)	30
Amortization	14,218
Research Credit	-10,104
Total	<u>\$ 883,788</u>

Federal Statements**Statement 5 - Form 1065, Schedule K, Line 13a - Contributions**

<u>Description</u>	<u>100%</u>	<u>60%</u>	<u>50%</u>	<u>30%</u>	<u>20%</u>	<u>Total</u>
Charitable contributions	\$	\$	\$	\$	\$	\$
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 6 - Form 1065, Schedule K, Line 15f - Other Credits**

Description	Amount
Research Credit	\$ 10,104
Total	\$ 10,104

Statement 7 - Form 1065, Schedule K, Line 18b - Other Tax-Exempt Income

Description	Amount
PPP Forgiveness	\$ 261,521
EIDL Advance	5,000
Total	\$ 266,521

Statement 8 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses

Description	Amount
Tax Credit Adjustment	\$ 10,104
Penalties	1,179
Total	\$ 11,283

Statement 9 - Form 1065, Schedule K, Line 20c - Other Items and Amounts

Description	Amount
See attached Section 199A Information Worksheet	\$

Statement 10 - Form 1065, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
Prepaid Expenses	\$ 54,681	\$ 9,266
Other Current Assets		2,540
Total	\$ 54,681	\$ 11,806

Statement 11 - Form 1065, Schedule L, Line 13 - Other Assets

Description	Beginning of Year	End of Year
ERC Receivable	\$	\$ 181,100
Total	\$ 0	\$ 181,100

Federal Statements

Statement 12 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	Beginning of Year	End of Year
Credit Card	\$ 60,357	\$ 56,785
Accrued Expenses	8,114	5,201
Total	\$ 68,471	\$ 61,986

Statement 13 - Form 1065, Schedule M-1, Line 2 - Income Included on Sch K, Not on Books

Description	Amount
Accrual to Cash	\$ 23,834
Total	\$ 23,834

Statement 14 - Form 1065, Schedule M-1, Line 4 - Expenses Recorded on Books, Not on Sch K

Description	Amount
Penalties	\$ 1,179
Tax Credit Adjustment	10,104
Total	\$ 11,283

Statement 15 - Form 1065, Schedule M-1, Line 6 - Income Recorded on Books, Not on Sch K

Description	Amount
PPP Forgiveness	\$ 261,521
EIDL Advance	5,000
Total	\$ 266,521

Statement 16 - Form 1065, Schedule M-2, Line 4 - Other Increases

Description	Amount
Owner Loan Repayment	\$ 19,444
Total	\$ 19,444

Federal Statements**Statement 17 - Form 1125-A, Line 5 - Other Costs**

<u>Description</u>	<u>Amount</u>
Freight In	\$ 465,840
Other Costs	8,902
Commissions	89,848
Freight Out	601,004
Fullfillment	280,829
Merchant Fees	206,688
Sales Tax Expense	230,784
Total	<u>\$ 1,883,895</u>

Federal Statements**Amie Garcia**
[REDACTED]**Schedule K-1, Item L - Other Increases (Decreases)**

Description	Amount
Owner Loan Repayment	\$ 19,444
Total	\$ 19,444

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

Code	Description	Amount
B	PPP Forgiveness	\$ 130,402
B	EIDL Advance	2,493
C	Penalties	588
C	Tax Credit Adjustment	5,038

Schedule K-1, Line 20 - Other Information

Code	Description	Amount
N	Schedule K-1, Line 1 Business Interest Expense	\$ 22,641
AG	Gross Receipts for 2021	2,850,253
AG	Gross Receipts for 2020	3,032,175
AG	Gross Receipts for 2019	3,309,934

Federal Statements**Mitzi Rivas**
**Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
B	PPP Forgiveness	\$ 131,119
B	EIDL Advance	2,507
C	Penalties	591
C	Tax Credit Adjustment	5,066

Schedule K-1, Line 20 - Other Information

<u>Code</u>	<u>Description</u>	<u>Amount</u>
N	Schedule K-1, Line 1 Business Interest Expense	\$ 22,765
AG	Gross Receipts for 2021	2,865,913
AG	Gross Receipts for 2020	3,048,835
AG	Gross Receipts for 2019	3,328,120

Self-Employment Worksheet

Schedule **K****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

Schedule K-1 Passthrough

Activity Description

EIN

Entity Type

A 1065 Page 1**B****C**

	A	B	C
1a. Ordinary business income (loss) (Schedule K, line 1)	-30,432		
b. Net income (loss) from certain rental real estate activities (see instructions)			
c. Other net rental income (loss) (Schedule K, line 3c)			
d. Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount.			
e. Combine lines 1a through 1d	-30,432		
2. Net gain from Form 4797, Part II, line 17, included on line 1a above			
3a. Subtract line 2 from line 1e. If line 1e is a loss, increase the loss on line 1e by the amount on line 2.	-30,432		
b. Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs			
c. Subtract line 3b from line 3a. If line 3a is a loss, reduce the loss on line 3a by the amount on line 3b. Include each individual general partner's share in box 14 of Schedule K-1, using code A.	-30,432		
4a. Guaranteed payments to partners (Schedule K, line 4c) derived from a trade or business as defined in section 1402(c) (see instructions)			
b. Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs			
c. Subtract line 4b from line 4a. Include each individual general partner's share and each individual limited partner's share in box 14 of Schedule K-1, using code A.			
5. Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a.	-30,432		

Partner# 1

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2021
		For calendar year 2021, or tax year beginning , and ending		
Partnership Name LIVIE and LUCA, LLC			Employer Identification Number 39-2051701	
Partner's Name Amie Garcia			Taxpayer Identification Number <div></div>	

Items Included in Current Year Income (Loss):	
Net Income per Books	100,220
Total per Schedule K-1, Current Year Net Income (Loss)	100,220
	=====

Partner# 2

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2021
For calendar year 2021, or tax year beginning , and ending				
Partnership Name LIVIE and LUCA, LLC			Employer Identification Number 39-2051701	
Partner's Name Mitzi Rivas			Taxpayer Identification Number [REDACTED]	

Items Included in Current Year Income (Loss):

Net Income per Books	100,770
-----------------------------	----------------

Total per Schedule K-1, Current Year Net Income (Loss)	100,770
	=====

Partner# 1**Partner's Self-Employment Worksheet**Schedule **K-1****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

LIVIE and LUCA, LLC

Employer Identification Number

39-2051701

Partner's Name

Amie Garcia

Taxpayer Identification Number

	Activity Description	Activity Disposed	Schedule K-1 Passthrough		
			EIN	Entity Type	PTP
A	1065 Page 1				
B					
C					

	A	B	C
1a. Ordinary business income (loss) (Schedule K, line 1)	-15,174		
b. Net income (loss) from certain rental real estate activities (see instructions)			
c. Other net rental income (loss) (Schedule K, line 3c)			
d. Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount.			
e. Combine lines 1a through 1d	-15,174		
2. Net gain from Form 4797, Part II, line 17, included on line 1a above			
3a. Subtract line 2 from line 1e. If line 1e is a loss, increase the loss on line 1e by the amount on line 2.	-15,174		
4a. Guaranteed payments to partners (Schedule K, line 4c) derived from a trade or business as defined in section 1402(c) (see instructions)			
5. Net earnings (loss) from self-employment. Combine lines 3a and 4a. Enter here and on Schedule K-1, Box 14, code A.	-15,174		

Partner# 2**Partner's Self-Employment Worksheet**Schedule **K-1****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

LIVIE and LUCA, LLC

Employer Identification Number

39-2051701

Partner's Name

Mitzi Rivas

Taxpayer Identification Number

er

	Activity Description	Activity Disposed	Schedule K-1 Passthrough		
			EIN	Entity Type	PTP
A	1065 Page 1				
B					
C					

	A	B	C
1a. Ordinary business income (loss) (Schedule K, line 1)	-15,258		
b. Net income (loss) from certain rental real estate activities (see instructions)			
c. Other net rental income (loss) (Schedule K, line 3c)			
d. Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount.			
e. Combine lines 1a through 1d	-15,258		
2. Net gain from Form 4797, Part II, line 17, included on line 1a above			
3a. Subtract line 2 from line 1e. If line 1e is a loss, increase the loss on line 1e by the amount on line 2.	-15,258		
4a. Guaranteed payments to partners (Schedule K, line 4c) derived from a trade or business as defined in section 1402(c) (see instructions)			
5. Net earnings (loss) from self-employment. Combine lines 3a and 4a. Enter here and on Schedule K-1, Box 14, code A.	-15,258		

Partner# 1

Partner's Basis Worksheet, Page 1

Schedule **K-1****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

LIVIE and LUCA, LLC

Employer Identification Number

39-2051701

Partner's Name

Amie Garcia

Taxpayer Identification Number

Beginning of year **810,301**

Capital contributions: Cash

Property (adjusted basis)

Income items:

Ordinary business income

Net rental real estate income

Other net rental income

Interest **9**

Dividends

Royalties

Net short-term capital gain

Net long-term capital gain

Net section 1231 gain

Other portfolio income

Other income

Tax-exempt interest and other tax-exempt income

132,895**132,904**

Excess depletion

Transfer of capital

Gain on disposition of section 179 assets

Other increases

Distributions:

Cash

Property (adjusted basis) ()

Change in liabilities: Current year

Prior year

(709,386)**-709,386**Subtotal **233,819**

Distribution in excess of partner basis

Noncapital expenses: Nondeductible expenses

5,626

Deductible losses:

Ordinary business loss **15,174**

Net rental real estate loss

Other net rental loss

Royalties

Net short-term capital loss

Net long-term capital loss

Net section 1231 loss

Other portfolio loss

Other losses

Section 179 deduction

Charitable contributions

Investment interest expense

Section 59(e)(2) expenditures

Portfolio income deductions

Other deductions

Foreign taxes

Loss on disposition of section 179 assets

Depletion

15,174

Other decreases

End of year **213,019**

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

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Partner# 2

Partner's Basis Worksheet, Page 1

Schedule **K-1****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

LIVIE and LUCA, LLC

Employer Identification Number

39-2051701

Partner's Name

Mitzi Rivas

Taxpayer Identification Number

Beginning of year **669,095**

Capital contributions: Cash

Property (adjusted basis)

Income items:

Ordinary business income

Net rental real estate income

Other net rental income

Interest **9**

Dividends

Royalties

Net short-term capital gain

Net long-term capital gain

Net section 1231 gain

Other portfolio income

Other income

Tax-exempt interest and other tax-exempt income

133,626**133,635**

Excess depletion

Transfer of capital

Gain on disposition of section 179 assets

Other increases

Distributions:

Cash

Property (adjusted basis) ()

Change in liabilities: Current year

1,101,919

Prior year

(**709,385**)**392,534**Subtotal **1,195,264**

Distribution in excess of partner basis

Noncapital expenses: Nondeductible expenses

5,657

Deductible losses:

Ordinary business loss **15,258**

Net rental real estate loss

Other net rental loss

Royalties

Net short-term capital loss

Net long-term capital loss

Net section 1231 loss

Other portfolio loss

Other losses

Section 179 deduction

Charitable contributions

Investment interest expense

Section 59(e)(2) expenditures

Portfolio income deductions

Other deductions

Foreign taxes

Loss on disposition of section 179 assets

Depletion

15,258

Other decreases

End of year **1,174,349**

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

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Schedule K-1 Summary Worksheet

Form **1065****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

Partner Name

SSN/EIN

Column A **Amie Garcia**Column B **Mitzi Rivas**

Column C

Column D

Schedule K Items	Column A	Column B	Column C	Column D	Sch K Total
1 Ordinary income	-15,174	-15,258			-30,432
2 Net income-rent					
3c Net inc-oth rent					
4a Guar pmts services					
4b Guar pmts capital					
5 Interest income	9	9			18
6a Ordinary dividends					
6b Qual dividends					
6c Dividend equivalents					
7 Royalties					
8 Net ST capital gain					
9a Net LT capital gain					
9b Collectibles 28% gain					
9c Unrecap sec 1250					
10 Net sec 1231 gain					
11 Other income					
12 Sec 179 deduction					
13a Contr butions					
13b Invest interest exp					
13c Sec 59(e)(2) exp					
13d Other deductions					
14a Net SE earnings	-15,174	-15,258			-30,432
14b Gross farming inc					
14c Gross nonfarm inc	724,260	728,239			1,452,499
15a Low-inc house 42j5					
15b Low-inc house other					
15c Qual rehab exp					
15d Rental RE credits					
15e Other rental credits					
15f Other credits	5,038	5,066			10,104
17a Depr adjustment					
17b Adj gain or loss					
17c Depletion					
17d Inc-oil/gas/geoth					
17e Ded-oil/gas/geoth					
17f Other AMT items					
18a Tax-exempt int					
18b Other tax-exempt	132,895	133,626			266,521
18c Nonded expense	5,626	5,657			11,283
19a Cash distributions					
19b Property distr butions					
20a Invest income	9	9			18
20b Invest expense					
21 Total foreign taxes					

Schedule K-1 Percentages Summary WorksheetForm **1065****2021**

For calendar year 2021, or tax year beginning , and ending

Partnership Name

Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

Partner Number	Partner Name	Profit		Loss		Capital	
		Beginning	Ending	Beginning	Ending	Beginning	Ending
1	Amie Garcia	50.000000	50.000000	50.000000	50.000000	50.000000	50.000000
2	Mitzi Rivas	50.000000	100.000000	50.000000	100.000000	50.000000	100.000000

Form 1065		Reconciliation of Partners' Basis Worksheet		2021
For calendar year 2021, or tax year beginning , and ending				

Partnership Name	Employer Identification Number
LIVIE and LUCA, LLC	39-2051701

Partner Number	Partner Name	Beginning Basis	Increases	Distribution in Excess of Basis	Allowed Decreases	Ending Basis
1	Amie Garcia	810,301	-576,482	0	20,800	213,019
2	Mitzi Rivas	669,095	526,169	0	20,915	1,174,349

Total this page	<u>1,479,396</u>	<u>-50,313</u>	<u>0</u>	<u>41,715</u>	<u>1,387,368</u>
Total all pages	<u>1,479,396</u>	<u>-50,313</u>	<u>0</u>	<u>41,715</u>	<u>1,387,368</u>

Form 1065		Reconciliation of Partners' Capital Accounts Worksheet		2021
For calendar year 2021, or tax year beginning , and ending				

Partnership Name			Employer Identification Number		
LIVIE and LUCA, LLC			39-2051701		

Partner Number	Partner Name	Beginning Capital	Capital Contributed	Current Year Net Income (Loss)	Increases & Decreases	Withdrawals & Distributions	Ending Capital
1	Amie Garcia	168,384	0	100,220	19,444	0	288,048
2	Mitzi Rivas	169,124	0	100,770	0	0	269,894

Total this page	337,508	0	200,990	19,444	0	557,942
Total all pages	337,508	0	200,990	19,444	0	557,942

Federal Statements**Form 1065, Page 1, Line 14 - Taxes and Licenses**

Description	Amount
Licenses	\$ 294
Local property taxes	1,969
Payroll Taxes	57,711
State Income Tax	12,674
Total	<u>\$ 72,648</u>

Form 1065, Schedule K, Line 5 - Interest Income

Description	Amount
Interest	\$ 18
Total	<u>\$ 18</u>

Form 1065, Schedule L, Line 1 - Cash

Description	Beginning of Year	End of Year
Cash	\$ 622,779	\$ 786,476
Total	<u>\$ 622,779</u>	<u>\$ 786,476</u>

Form 1065, Schedule L, Line 3 - Inventories

Description	Beginning of Year	End of Year
Inventory	\$ 1,017,335	\$ 630,670
Total	<u>\$ 1,017,335</u>	<u>\$ 630,670</u>

Form 1065, Schedule L, Line 15 - Accounts Payable

Description	Beginning of Year	End of Year
Accounts Payable	\$ 52,861	\$ 34,193
Rounding Adjustment	7	
Rounding Adjustment		10
Total	<u>\$ 52,868</u>	<u>\$ 34,203</u>

Federal Statements

Form 1065, Schedule L, Line 16 - Mortgage, Notes, Bonds Payable Less Than 1 Yr

Description	Beginning of Year	End of Year
Mort., Note, Less Than 1 Yr.	\$ 1,099,882	\$ 826,672
Total	\$ 1,099,882	\$ 826,672

Form 1065, Schedule L, Line 19a - Loans from Partners

Description	Beginning of Year	End of Year
	\$ 47,650	\$ 29,158
Total	\$ 47,650	\$ 29,158

Form 1065, Schedule L, Line 19b - Mortgage, Notes, Bonds Payable in 1 Yr or More

Description	Beginning of Year	End of Year
Mort., Note, More Than 1 Yr.	\$ 149,900	\$ 149,900
Total	\$ 149,900	\$ 149,900

39-2051701

Federal Asset Report

FYE: 12/31/2021

1065 Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Prior MACRS:</u>										
2	2015 Computers	6/30/15	1,784		X	X	0	5 HY 200DB	1,784	0
3	2015 Furniture	6/30/15	2,012		X	X	0	7 HY 200DB	2,012	0
			<u>3,796</u>				<u>0</u>		<u>3,796</u>	<u>0</u>
<u>Other Depreciation:</u>										
1	Audi	12/31/13	55,529		X		15,264	5 MO S/L	55,529	0
	Total Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
<u>Amortization:</u>										
6	Loan Fees 2021	6/29/21	2,543				2,543	5 MOAmort	0	297
4	Loan Setup Fees	6/30/15	32,073				32,073	5 MOAmort	32,073	0
5	Loan Setup Fees 2020	6/30/20	69,604				69,604	5 MOAmort	8,120	13,921
			<u>104,220</u>				<u>104,220</u>		<u>40,193</u>	<u>14,218</u>
	Grand Totals		163,545				119,484		99,518	14,218
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>163,545</u>				<u>119,484</u>		<u>99,518</u>	<u>14,218</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	2015 Computers	6/30/15	1,784		1,784	0	0	0
3	2015 Furniture	6/30/15	2,012		2,012	0	0	0
Grand Total			<u>3,796</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

AMT Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Prior MACRS:</u>										
2	2015 Computers	6/30/15	1,784		X	X	0	5 HY 200DB	1,784	0
3	2015 Furniture	6/30/15	2,012		X	X	0	7 HY 200DB	2,012	0
			<u>3,796</u>				<u>0</u>		<u>3,796</u>	<u>0</u>
<u>Other Depreciation:</u>										
1	Audi	12/31/13	55,529		X		15,264	5 MO S/L	55,529	0
	Total Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
	Grand Totals		59,325				15,264		59,325	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>59,325</u>				<u>15,264</u>		<u>59,325</u>	<u>0</u>

ACE Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Prior MACRS:</u>										
2	2015 Computers	6/30/15	1,784		X	X	0	5 HY 200DB	1,784	0
3	2015 Furniture	6/30/15	2,012		X	X	0	7 HY 200DB	2,012	0
			<u>3,796</u>				<u>0</u>		<u>3,796</u>	<u>0</u>
<u>Other Depreciation:</u>										
1	Audi	12/31/13	55,529		X		15,264	5 MO S/L	55,529	0
	Total Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>55,529</u>				<u>15,264</u>		<u>55,529</u>	<u>0</u>
	Grand Totals		59,325				15,264		59,325	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>59,325</u>				<u>15,264</u>		<u>59,325</u>	<u>0</u>

39-2051701

Depreciation Adjustment Report

FYE: 12/31/2021

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	ACE	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>							
Page 1	1	2	2015 Computers	0	0	0	0
Page 1	1	3	2015 Furniture	0	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Additional ACE Information for Other Assets:

Page 1	1	1	Audi	0	0 *	0	
				<u>0</u>	<u>0</u>	<u>0</u>	

Totals for ACE Depreciation Adjustment:

AMT Depreciation Addback

0

ACE Depreciation Expense

0 s

* - This asset has no values in AMT column, assume AMT = Tax Value

Asset	Description	Date In Service	Cost	Tax	AMT	ACE
<u>Prior MACRS:</u>						
2	2015 Computers	6/30/15	1,784	0	0	0
3	2015 Furniture	6/30/15	2,012	0	0	0
			<u>3,796</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>						
1	Audi	12/31/13	55,529	0	0	0
	Total Other Depreciation		<u>55,529</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>55,529</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Amortization:</u>						
6	Loan Fees 2021	6/29/21	2,543	508	0	0
4	Loan Setup Fees	6/30/15	32,073	0	0	0
5	Loan Setup Fees 2020	6/30/20	69,604	13,921	13,921	13,921
			<u>104,220</u>	<u>14,429</u>	<u>13,921</u>	<u>13,921</u>
	Grand Totals		<u>163,545</u>	<u>14,429</u>	<u>13,921</u>	<u>13,921</u>

Form 1065	Two Year Comparison Worksheet, Page 1		2020 & 2021
Partnership Name LIVIE and LUCA, LLC			Employer Identification Number 39-2051701

		2020	2021	Differences
Income	Gross receipts less returns and allowances	6,045,110	5,691,814	-353,296
	Cost of goods sold	3,483,593	4,263,649	780,056
	Gross profit	2,561,517	1,428,165	-1,133,352
	Ordinary income (loss) from other partnerships, etc.			
	Net farm profit (loss)			
	Net gain (loss) from Form 4797			
	Other income (loss)	35,900	24,334	-11,566
	Total income (loss)	2,597,417	1,452,499	-1,144,918
Deductions	Salaries and wages (other than to partners)	822,995	421,015	-401,980
	Guaranteed payments to partners			
	Repairs and maintenance	139		-139
	Bad debts			
	Rent	53,229	12,150	-41,079
	Taxes and licenses	132,810	72,648	-60,162
	Interest	89,113	45,406	-43,707
	Depreciation			
	Depletion			
	Retirement plans, etc.			
	Employee benefit programs	33,302	47,924	14,622
	Other deductions	1,424,644	883,788	-540,856
	Total deductions	2,556,232	1,482,931	-1,073,301
	Ordinary business income (loss)	41,185	-30,432	-71,617
Tax and Payment	Total balance due			
	Payments			
	Amount owed			
	Overpayment			

Form 1065	Two Year Comparison Worksheet, Page 2	2020 & 2021
Partnership Name LIVIE and LUCA, LLC		Employer Identification Number 39-2051701

		2020	2021	Differences
Income (Loss)	Ordinary business income (loss)	41,185	-30,432	-71,617
	Net rental real estate income (loss)			
	Net other rental income (loss)			
	Guaranteed payments			
	Interest income		18	18
	Ordinary dividends			
	Qualified dividends			
	Dividend equivalents			
	Royalties			
	Net short-term capital gain (loss)			
	Net long-term capital gain (loss)			
	Net section 1231 gain (loss)			
	Other income (loss)			
Deductions	Section 179 deduction			
	Contributions			
	Investment interest expense			
	Section 59(e)(2) expenditures			
	Other deductions			
Self- Employment	Net earnings (loss) from self-employment	41,185	-30,432	-71,617
	Gross farm or fishing income			
	Gross nonfarm income	2,597,417	1,452,499	-1,144,918
Credits	Low-income housing credit (section 42(j)(5))			
	Low-income housing credit (other)			
	Qualified rehab expenditures (rental real estate)			
	Other rental real estate credits			
	Other rental credits			
	Other credits	31,934	10,104	-21,830
Alternative Minimum Tax (AMT) Items	Post-1986 depreciation adjustment			
	Adjusted gain or loss			
	Depletion (other than oil and gas)			
	Oil, gas, and geothermal properties - gross income			
	Oil, gas, and geothermal properties - deductions			
	Other AMT items			
Other Information	Tax-exempt interest income			
	Other tax-exempt income	271,521	266,521	-5,000
	Nondeductible expenses	34,867	11,283	-23,584
	Distributions of cash and marketable securities	88,922		-88,922
	Distributions of other property			
	Investment income		18	18
	Investment expenses			
	Total foreign taxes paid or accrued			
	Net income (loss)	41,185	-30,414	-71,599

Form **1065****Two Year Comparison Worksheet, Page 3****2020 & 2021**

Partnership Name

Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

		2020	2021	Differences
Schedule L	Beginning assets	2,058,550	1,756,279	-302,271
	Beginning liabilities and capital	2,058,550	1,756,279	-302,271
	Ending assets	1,756,279	1,659,861	-96,418
	Ending liabilities and capital	1,756,279	1,659,861	-96,418
Schedule M-1	Net income (loss) per books	-16,384	200,990	217,374
	Taxable income not on books	294,223	23,834	-270,389
	Guaranteed payments (other than health ins)			
	Book expenses not deducted	34,867	11,283	-23,584
	Income on books not on return	271,521	266,521	-5,000
	Return deductions not on books			
	Income per return	41,185	-30,414	-71,599
Schedule M-2	Balance at beginning of year	584,758	337,508	-247,250
	Cash contributions			
	Property contributions			
	Net income (loss) per books	-16,384	200,990	217,374
	Other increases		19,444	19,444
	Cash distributions	88,922		-88,922
	Property distributions			
	Other decreases	141,944		-141,944
	Balance at end of year	337,508	557,942	220,434
Schedule M-3	Total income (loss) items:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			
	Total expense/deduction items:			
	Expense per income statement			
	Temporary difference			
	Permanent difference			
	Deduction per tax return			
	Other items with no differences			
	Reconciliation totals:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			

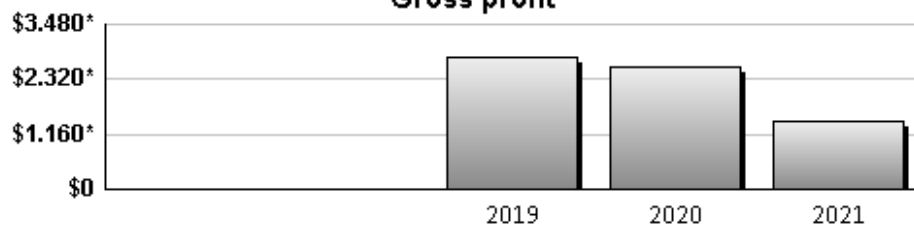
Form **1065****Tax Return History Report, Page 1****2021**

Partnership Name

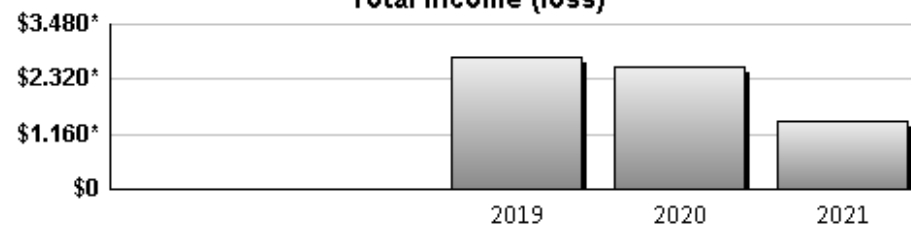
Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

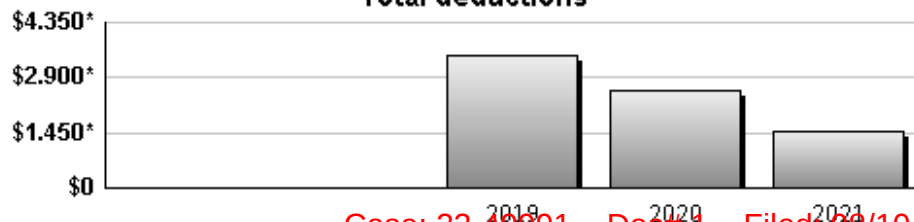
			2019	2020	2021
Net gross receipts			6,620,915	6,045,110	5,691,814
Cost of goods sold			3,846,039	3,483,593	4,263,649
Gross profit			2,774,876	2,561,517	1,428,165
Gross profit percentage			41.9108	42.3734	25.0916
Other trade or business income (loss)			16,766	35,900	24,334
Total income (loss)			2,791,642	2,597,417	1,452,499
Salaries and wages			1,108,485	822,995	421,015
Guaranteed payments to partners					
Bad debts					
Rent			51,864	53,229	12,150
Taxes and licenses			154,375	132,810	72,648
Interest			43,212	89,113	45,406
Depreciation					
Other trade or business deductions			2,122,388	1,458,085	931,712
Total deductions			3,480,324	2,556,232	1,482,931
Ordinary business income (loss)			-688,682	41,185	-30,432

Gross profit

* in millions

Total income (loss)

* in millions

Total deductions

* in millions

Ordinary business income (loss)

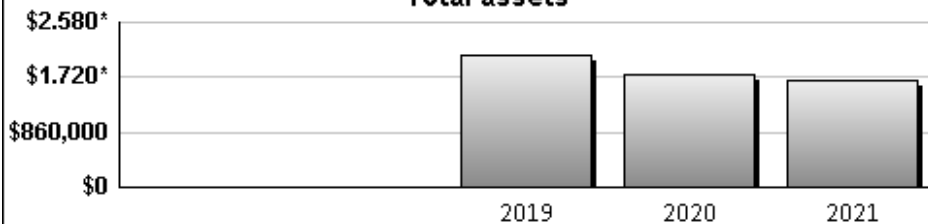
Form **1065****Tax Return History Report, Page 2****2021**

Partnership Name

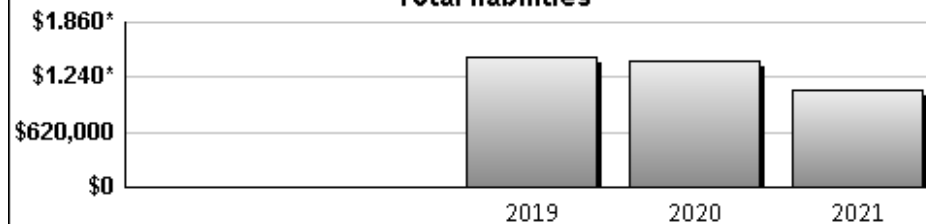
Employer Identification Number

LIVIE and LUCA, LLC**39-2051701**

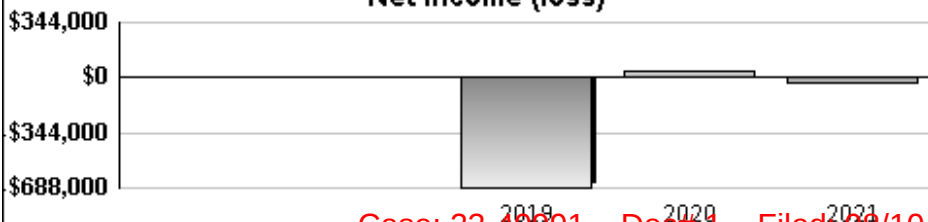
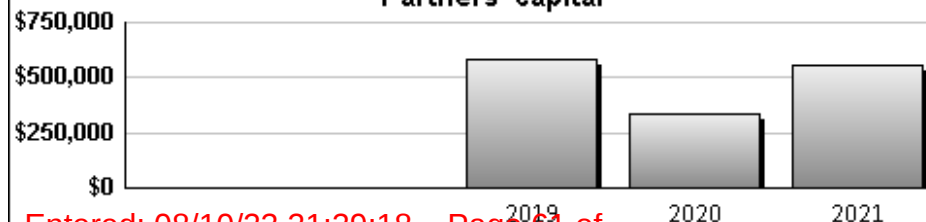
	2019	2020	2021
Ordinary business income (loss)	-688,682	41,185	-30,432
Net rental real estate income (loss)			
Other net rental income (loss)			
Guaranteed payments			
Interest, dividends, and royalties	373		18
Total capital gain (loss)			
Net section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Contributions	250		
Other Schedule K deductions			
Total foreign taxes			
Net income (loss)	-688,559	41,185	-30,414
Schedule L, Total assets	2,058,550	1,756,279	1,659,861
Schedule L, Total liabilities	1,473,792	1,418,771	1,101,919
Schedule M-2, Capital contributed			
Schedule M-2, Net income per books	-472,587	-16,384	200,990
Schedule M-2, Distributions	587,894	88,922	
Schedule M-2, Ending partners' capital	584,758	337,508	557,942

Total assets

* in millions

Total liabilities

* in millions

Net income (loss)**Partners' capital**

Fill in this information to identify the case:

Debtor name Livie and Luca LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 8, 2023

X /s/ Mitzi Rivas

Signature of individual signing on behalf of debtor

Mitzi Rivas

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Livie and Luca LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Adlantica LLC 6662 Escondido St. Irving, TX 75039		Business debt				\$17,958.00
Aggressive Global Sourcing Corp Attn: Roy Shuman P.O. Box 772 La Canada Flintridge, CA 91012		Business debt				\$97,278.00
Bank of America P.O. Box 66041 Dallas, TX 75266		Credit card charges				\$182,024.00
Bryan Cave et al. Attn: Jenn Rizutti 211 N Broadway, Suite 3600 Saint Louis, MO 63102		Business debt				\$95,316.00
Carlos Iribarren 1499 Posen Ave. Albany, CA 94706		Loan				\$40,000.00
Compass Rose Ventures 11 Pine St., #309 Montclair, NJ 07042		Business debt				\$65,014.00
CTY TNHH TM SX Thai No 236/8, Group 8 Di An Binh Duong 72000 VIETNAM		Business debt				\$38,957.00
Federal Express 3965 Airways Blvd. Module G, 4th Floor Memphis, TN 38116		Business debt				\$201,331.00

Debtor **Livie and Luca LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Flexport International 760 Market St., 8th Floor San Francisco, CA 94102		Business debt				\$26,507.00
Insul Techs, Inc. 3424 Tanager Cir. Concord, CA 94520		Business debt				\$60,000.00
Lexel Art Calle Monte de Santa Pola 30 Estudio 34 Alicante SPAIN		Business debt				\$17,078.00
Paypal Working Capital Attn: Executive Escalation P.O. Box 45950 Omaha, NE 68145		Loan				\$66,055.00
Peter Livingston c/o SMBX 1667 41st Ave. San Francisco, CA 94122						\$22,420.00
Plot Path Finance LLC 13359 No. Highway 183 Suite 406-568 Austin, TX 78750		Business debt				\$32,075.00
Rocael H. Rizzardini c/o SMBX 1667 41st Ave. San Francisco, CA 94122						\$10,000.00
SA Marketing LLC 21526 Sweetwater Lane So. Boca Raton, FL 33428		Business debt				\$24,000.00
SC Treasure Limited 18F-8, No. 6 SEC3 NO 6 Taichung 40748 TAIWAN		Business debt				\$396,362.00
Shopify 33 New Montgomery St., Suite 750 San Francisco, CA 94105		Loan				\$71,300.00

Debtor **Livie and Luca LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
U.S. Small Business Administration Attn: District Counsel 455 Market St., Suite 600 San Francisco, CA 94105		Debtor's inventory. Value is an estimate		\$498,482.00	\$660,800.00	\$100,334.00
Worldwide Logistics 80 Route 4 East Suite 410 Paramus, NJ 07652		Business debt				\$12,000.00

Fill in this information to identify the case:Debtor name Livie and Luca LLC United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u> 0.00 </u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u> 2,570,000.00 </u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u> 2,570,000.00 </u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u> 760,734.00 </u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u> 23,410.32 </u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u> 2,002,851.00 </u>
4. Total liabilities Lines 2 + 3a + 3b	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u> 2,786,995.32 </u></div>

Fill in this information to identify the case:Debtor name Livie and Luca LLC United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Bank of America**
value varies**checking****\$3,300.00**3.2. **Paypal**
Amount varies**\$5,900.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9,200.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Debtor Livie and Luca LLC
Name

Case number (If known) _____

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Shoe inventory - value based on an estimate of amounts that could be recovered based on a combination of quick sale and sale through wholesale channels		\$1,185,000.00		\$660,800.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$660,800.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Debtor Livie and Luca LLC
Name

Case number (If known) _____

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets trademark for company name	\$0.00		Unknown
61.	Internet domain names and websites www.livieandluca	\$0.00		Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations customer list, SMS list, Facebook and Instagram presence with followers	\$0.00		Unknown
64.	Other intangibles, or intellectual property Customer-centric design process	\$0.00		Unknown

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor Livie and Luca LLC
Name

Case number (If known) _____

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Claims against Bedabox dba Shipmonk for breach of contract, fraud and unfair business practices.
Claim amount below is an estimate of damages caused by conduct.
Nature of claim see description above
Amount requested \$0.00

 \$1,900,000.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

 \$1,900,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor Livie and Luca LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u> \$9,200.00 </u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u> \$0.00 </u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u> \$0.00 </u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u> \$0.00 </u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u> \$660,800.00 </u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u> \$0.00 </u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u> \$0.00 </u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u> \$0.00 </u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<div><u> \$0.00 </u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u> \$0.00 </u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u> \$1,900,000.00 </u>	
91. Total. Add lines 80 through 90 for each column	<div><u> \$2,570,000.00 </u></div>	+ 91b. <div><u> \$0.00 </u></div>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<div><u> \$2,570,000.00 </u></div>

Fill in this information to identify the case:

Debtor name Livie and Luca LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Heritage Bank <small>Creditor's Name</small> Attention: Raul Garcia 224 Airport Parkway San Jose, CA 95110 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket lien on debtor's property Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$262,252.00	\$660,800.00

2.2	U.S. Small Business Administration <small>Creditor's Name</small> Attn: District Counsel 455 Market St., Suite 600 San Francisco, CA 94105 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred June 2020 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Debtor's inventory. Value is an estimate Describe the lien UCC-1 - Junior to Heritage Bank Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$498,482.00	\$660,800.00
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Debtor **Livie and Luca LLC**

Case number (if known)

Name

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$760,734.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Mia Blackler Lubin Olson et al. 600 Montgomery St., 14th Fl. San Francisco, CA 94111	Line <u>2.1</u>	

Fill in this information to identify the case:Debtor name **Livie and Luca LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Arizona Dept. of Economic Security P.O. Box 6028 Mail Drop 5881 Phoenix, AZ 85005 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.20	\$0.00
2.2	Priority creditor's name and mailing address Arizona Dept. of Revenue P.O. Box 29085 Phoenix, AZ 85038 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,124.12	\$1,124.12

	Debtor Livie and Luca LLC	Case number (if known)		
	Name			

2.3	Priority creditor's name and mailing address Cal. Dept of Tax and Fee Administration 450 N Street P.O. Box 942879 Sacramento, CA 94279	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Emily Pierdinock-Hagen 153 Glen Eagle Dr. NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,060.00	\$7,060.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Employment Development Dept. Bankruptcy Unit - MIC 92E P.O. Box 826880 Sacramento, CA 94280-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Franchise Tax Board State of California P.O. Box 2952 Sacramento, CA 95812-5000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Livie and Luca LLC	Case number (if known)
	Name	

2.7	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.8	Priority creditor's name and mailing address McKenna Durand 7430 Hamilton Run Dr. Chattanooga, TN 37421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,200.00	\$4,200.00
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.9	Priority creditor's name and mailing address Meghan Weaver 401 Fairwood Place Nampa, ID 83651	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,366.00	\$4,366.00
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.10	Priority creditor's name and mailing address Stephanie Lema 21285 E Via Del Sol Queen Creek, AZ 85142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,227.00	\$3,227.00
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.11	Priority creditor's name and mailing address Wendy Smith 2863 Gum Road Seneca, MO 64865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,200.00 \$3,200.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Adlantica LLC 6662 Escondido St. Irving, TX 75039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,958.00
3.2	Nonpriority creditor's name and mailing address Aggressive Global Sourcing Corp Attn: Roy Shuman P.O. Box 772 La Canada Flintridge, CA 91012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,278.00
3.3	Nonpriority creditor's name and mailing address Alastar Kerpel c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.4	Nonpriority creditor's name and mailing address Amanda Thomas c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.5	Nonpriority creditor's name and mailing address American Pediatric Medical Assn. 9312 Old Georgetown Rd. Bethesda, MD 20814 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00

Name

3.6	Nonpriority creditor's name and mailing address Amie Garcia 440 N. Barranca Ave, #5077 Covina, CA 91723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,916.00</u>
3.7	Nonpriority creditor's name and mailing address Amwins Connect Adminstrators 6 N. Park Dr. Hunt Valley, MD 21030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,901.00</u>
3.8	Nonpriority creditor's name and mailing address Amy Fisher c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
3.9	Nonpriority creditor's name and mailing address Andrew Ghekas Anthony & Partners, LLC 100 South Ashley Dr., Suite 1600 Tampa, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.10	Nonpriority creditor's name and mailing address Andrew Lypen c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>
3.11	Nonpriority creditor's name and mailing address Anusheel Bhushan c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.00</u>
3.12	Nonpriority creditor's name and mailing address Arthur Do c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>

3.13 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$40.00**
Ashley Millions
c/o SMBX
1667 41st Ave.
San Francisco, CA 94122
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$182,024.00**
Bank of America
P.O. Box 66041
Dallas, TX 75266
 Date(s) debt was incurred _____
 Last 4 digits of account number **1413**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Credit card charges
 Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
Bedabox, LLC dba Shipmonk
Attn: Franklin Castro
201 NW 22nd Ave.
Unit 100
Fort Lauderdale, FL 33311
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Business debt
 Is the claim subject to offset? ☐ No ☒ Yes

3.16 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,000.00**
Blake Clemmons
c/o SMBX
1667 41st Ave.
San Francisco, CA 94122
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,000.00**
Brian Egan
c/o SMBX
1667 41st Ave.
San Francisco, CA 94122
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,000.00**
Brian Egan
c/o SMBX
1667 41st Ave.
San Francisco, CA 94122
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$500.00**
Brian Quinn
c/o SMBX
1667 41st Ave.
San Francisco, CA 94122
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.20	Nonpriority creditor's name and mailing address Bryan Cave et al. Attn: Jenn Rizutti 211 N Broadway, Suite 3600 Saint Louis, MO 63102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,316.00
3.21	Nonpriority creditor's name and mailing address Callie Stein c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.22	Nonpriority creditor's name and mailing address Carlos Iribarren 1499 Posen Ave. Albany, CA 94706 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
3.23	Nonpriority creditor's name and mailing address Charles Thomas c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.24	Nonpriority creditor's name and mailing address Charlie Linch c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.25	Nonpriority creditor's name and mailing address Chris Crawford c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.26	Nonpriority creditor's name and mailing address Christina Rogerson c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

3.27	Nonpriority creditor's name and mailing address Christopher Rozniak c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.28	Nonpriority creditor's name and mailing address Cleo Communications 4949 Harrison Ave. Suite 200 Rockford, IL 61108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$865.00
3.29	Nonpriority creditor's name and mailing address Compass Rose Ventures 11 Pine St., #309 Montclair, NJ 07042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,014.00
3.30	Nonpriority creditor's name and mailing address Computer Generated Solutions 200 Vesey St. New York, NY 10281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,794.00
3.31	Nonpriority creditor's name and mailing address Connor Paratore c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.32	Nonpriority creditor's name and mailing address Corey Reed c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.33	Nonpriority creditor's name and mailing address CTY TNHH TM SX Thai No 236/8, Group 8 Di An Binh Duong 72000 VIETNAM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,957.00

Debtor **Livie and Luca LLC**
Name

Case number (if known)

3.34	Nonpriority creditor's name and mailing address Dana Burrell c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
3.35	Nonpriority creditor's name and mailing address Dangelo Thompson c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
3.36	Nonpriority creditor's name and mailing address Daniel Horowitz c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.37	Nonpriority creditor's name and mailing address David Bertschy c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.38	Nonpriority creditor's name and mailing address David Birdsall c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.39	Nonpriority creditor's name and mailing address Dianna Tremblay c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.40	Nonpriority creditor's name and mailing address Elizabeth Kukka c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

3.41	Nonpriority creditor's name and mailing address Emma Stein c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.42	Nonpriority creditor's name and mailing address Eric Anschutz c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.43	Nonpriority creditor's name and mailing address Eric Pool c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.44	Nonpriority creditor's name and mailing address Eric Quon-Lee c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.45	Nonpriority creditor's name and mailing address Fabien Lamaison c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.46	Nonpriority creditor's name and mailing address Fashion Snoops, Inc. 40 West 51st Street New York, NY 10020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
3.47	Nonpriority creditor's name and mailing address Federal Express 3965 Airways Blvd. Module G, 4th Floor Memphis, TN 38116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201,331.00

3.48	Nonpriority creditor's name and mailing address Felicia Jones c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Five Elements Design 840 Page St. Berkeley, CA 94710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,942.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Flexport International 760 Market St., 8th Floor San Francisco, CA 94102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,507.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Gabriel McMorland c/o Carlson Brown P.O. Box 242 Sewickley, PA 15143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Gabrielle Katsnelson c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Garen Corbett c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Hajar Newsome c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

3.55	Nonpriority creditor's name and mailing address Hannah Wright c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200.00</u>
<hr/>			
3.56	Nonpriority creditor's name and mailing address Heather Hanson c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$170.00</u>
<hr/>			
3.57	Nonpriority creditor's name and mailing address Heidi Alletzhauser 259 Monterey Blvd, #B San Francisco, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$850.00</u>
<hr/>			
3.58	Nonpriority creditor's name and mailing address Hermes Nextec LLC 100 SE Executive Dr. Suite 6 Bentonville, AR 72712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$654.00</u>
<hr/>			
3.59	Nonpriority creditor's name and mailing address Hosea Lin c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
<hr/>			
3.60	Nonpriority creditor's name and mailing address Huong Ngo c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
<hr/>			
3.61	Nonpriority creditor's name and mailing address Insul Techs, Inc. 3424 Tanager Cir. Concord, CA 94520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,000.00</u>

Name

3.62	Nonpriority creditor's name and mailing address Intertek Vietnam Ltd. 5th-7th Floor, SOHO Bldg. 38 Ho Chi Minh City 70000 VIETNAM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,437.00
3.63	Nonpriority creditor's name and mailing address Jab It Up, LLC 623 Fountain View Dr. Irving, TX 75039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.64	Nonpriority creditor's name and mailing address Jackie Chan 360 E. 28th Ave. San Mateo, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Jaime Graham c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.66	Nonpriority creditor's name and mailing address James Donaldson c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.67	Nonpriority creditor's name and mailing address James Norris c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.68	Nonpriority creditor's name and mailing address Jane Pak c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

Debtor **Livie and Luca LLC**
Name

Case number (if known)

3.69	Nonpriority creditor's name and mailing address Jason Spencer c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.70	Nonpriority creditor's name and mailing address Jennifer Davidek c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.71	Nonpriority creditor's name and mailing address Jeremy Sterns c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.72	Nonpriority creditor's name and mailing address Jonathan Cerda c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.73	Nonpriority creditor's name and mailing address Jonathan Crawford c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.74	Nonpriority creditor's name and mailing address Jonathan Williams c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.75	Nonpriority creditor's name and mailing address Jordan Kramer c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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3.76	Nonpriority creditor's name and mailing address Joseph Kleinschmidt c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Kaiton Williams c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address Karen Kwon c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address Kate Kroeger c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address Kathleen Roach c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address Katrina Brashares c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address Kristin Parks c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,030.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Name

3.83	Nonpriority creditor's name and mailing address Laura Cloutier c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.84	Nonpriority creditor's name and mailing address Lauren Hollis c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.85	Nonpriority creditor's name and mailing address Lexel Art Calle Monte de Santa Pola 30 Estudio 34 Alicante SPAIN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,078.00
3.86	Nonpriority creditor's name and mailing address Linus Lee c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.87	Nonpriority creditor's name and mailing address Liran Rosenfeld c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.88	Nonpriority creditor's name and mailing address Loida Valentin c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.89	Nonpriority creditor's name and mailing address Macarthur Mentor c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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3.90	Nonpriority creditor's name and mailing address Mark Smith c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,010.00
<hr/>			
3.91	Nonpriority creditor's name and mailing address Matthew Cuneo c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.92	Nonpriority creditor's name and mailing address Miranda Tedholm c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.93	Nonpriority creditor's name and mailing address Mitzi Rivas 1499 Posen Ave. Albany, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Combination of loan, deferred salary, payment on credit cards and bank loans.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406,097.00
<hr/>			
3.94	Nonpriority creditor's name and mailing address Nicholas A. Colella Lynch Carpenter LLP 1133 Penn Ave., 5th Floor Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.95	Nonpriority creditor's name and mailing address Open Text 9711 Washington Blvd. Suite 700 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,211.00
<hr/>			
3.96	Nonpriority creditor's name and mailing address Pamel Chaloult c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00

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3.97	Nonpriority creditor's name and mailing address Paul Ugolini c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Paypal Working Capital Attn: Executive Escalation P.O. Box 45950 Omaha, NE 68145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,055.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Peter Livingston c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,420.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Philip Marcotty c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Plot Path Finance LLC 13359 No. Highway 183 Suite 406-568 Austin, TX 78750 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,075.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Rebekah Vigil c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address Rick Moss c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Name

3.104	Nonpriority creditor's name and mailing address Robert Manske c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address Robert Zapantis c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address Roberto Gonzalez c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address Rocael H. Rizzardini c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address Ronn Hubbard c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Ross Festenstein c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address Ryan Segal c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Name

3.111	Nonpriority creditor's name and mailing address Ryan Waliany c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address SA Marketing LLC 21526 Sweetwater Lane So. Boca Raton, FL 33428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address Satra Technology Centre Ltd. Satra Technolgy Ctr. Wyndham Way Kettering NN16 8SD UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,254.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address SC Treasure Limited 18F-8, No. 6 SEC3 NO 6 Taichung 40748 TAIWAN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$396,362.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address Shannon Hall c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address Shivraj Kumar c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address Shopify 33 New Montgomery St., Suite 750 San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Name

3.118	Nonpriority creditor's name and mailing address Simon Morris c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.119	Nonpriority creditor's name and mailing address SMBX 1667 41st Ave. San Francisco, CA 94102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120	Nonpriority creditor's name and mailing address Stephen Bruce c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.121	Nonpriority creditor's name and mailing address Sukhwinder Kaur c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.122	Nonpriority creditor's name and mailing address Synter Resource Group 5935 Rivers Ave. Suite 102 Charleston, SC 29406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.00
3.123	Nonpriority creditor's name and mailing address Taft Stettinius & Hollister LLP 425 Walnut St. Suite 1800 Cincinnati, OH 45202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,712.00
3.124	Nonpriority creditor's name and mailing address Takayuki Yokoyama c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

3.125	Nonpriority creditor's name and mailing address Timothy Schoonover c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address Tina Marshall-Bradley c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	Nonpriority creditor's name and mailing address Todd Brinlee c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	Nonpriority creditor's name and mailing address Valley Oak Financial 6011 Stadium Dr. Kalamazoo, MI 49009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.129	Nonpriority creditor's name and mailing address Valor Global 13430 N. Black Canyon Hwy. Suite 250 Phoenix, AZ 85029 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address Wendy Carrier c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$780.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Wesley Selke c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

3.132	Nonpriority creditor's name and mailing address Worldwide Logistics 80 Route 4 East Suite 410 Paramus, NJ 07652 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.133	Nonpriority creditor's name and mailing address Yarra McClure c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.134	Nonpriority creditor's name and mailing address Yotpo Inc. 233 Spring St., 6th Floor New York, NY 10013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,795.00
3.135	Nonpriority creditor's name and mailing address Zackary Zweber c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.136	Nonpriority creditor's name and mailing address Ziqiang Tang c/o SMBX 1667 41st Ave. San Francisco, CA 94122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AGA Attn: Samuel Murphy 740 Walt Whitman Rd. Melville, NY 11747	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Business Card P.O. Box 15796 Wilmington, DE 19886	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)
	Livie and Luca LLC	
	Name and mailing address	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> On which line in Part 1 or Part 2 is the related creditor (if any) listed? </div> <div style="width: 35%;"> Last 4 digits of account number, if any </div> </div>
4.3	Don Walker Lincoln & Morgan 600 W Broadway, Ste. 700 San Diego, CA 92101	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Justin Draa Draa & Lapcevic, LLP 1101 Pacific Ave, Ste. 320 Santa Cruz, CA 95060	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Scott M. Kessler Akerman LLP 1251 Avenue of the Americas, 37th Fl. New York, NY 10020	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____
4.6	Stephanie Baxter Tucker, Albin & Associates 1702 N. Collins Blvd., Suite 100 Richardson, TX 75080	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>23,410.32</u>
5b. +	\$ <u>2,002,851.00</u>
5c.	\$ <u>2,026,261.32</u>

Fill in this information to identify the case:

Debtor name Livie and Luca LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name Livie and Luca LLC United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Amie Garcia****440 N. Barranca Ave, #5077
Covina, CA 91723****Heritage Bank**☒ D 2.1
☐ E/F _____
☐ G _____2.2 **Mitzi Rivas****1499 Posen Ave.
Albany, CA 94706****Heritage Bank**☒ D 2.1
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name Livie and Luca LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2023 to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$776,000.00**For prior year:**From 1/01/2022 to 12/31/2022☒ Operating a business☐ Other _____\$3,652,000.00**For year before that:**From 1/01/2021 to 12/31/2021☒ Operating a business☐ Other _____\$5,668,000.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**

Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Valley Oak Financial 6011 Stadium Dr. Kalamazoo, MI 49009		\$7,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Mitzi Rivas 1499 Posen Ave. Albany, CA 94706 CEO	July 2022 - December 2022 - \$36,000 March 2023 - \$90,000	\$126,000.00	Debt repayments

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. McMorland v Livie and Luca LLC 23-998	ADA Complaint	U.S. District Court Western District of Pennsylvania	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
--	---	---------------	------------------------

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Finestone Hayes LLP 456 Montgomery St., 20th Floor San Francisco, CA 94104		July 26, 2023	\$40,000.00
Email or website address sfinestone@fhllawllp.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 6400 Hollis St. Suite 16 Emeryville, CA 94608	2015-2020

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Personal customer info is collected

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
Simple IRA	EIN: 963931

Has the plan been terminated?

- ☒ No
- ☐ Yes

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Livie and Luca 401(k) Profit Sharing Plan and Trust

Employer identification number of the plan

EIN: **39-2051701**

Has the plan been terminated?

☐ No☒ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

ADP Retirement Plan

Employer identification number of the plan

EIN: **260298**

Has the plan been terminated?

☐ No☒ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Cottage Hill 9960 Padgett Switch Rd. Irvington, AL 36544	Cottage Hill fulfillment team	shoe inventory, accessories and packing materials	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Bedabox, LLC dba Shipmonk Attn: Franklin Castro 201 NW 22nd Ave. Unit 100 Fort Lauderdale, FL 33311	Shipmonk fulfillment team	shoe inventory, accessories and packing materials	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
------------------	----------------------------

Name and address		Date of service From-To
26a.1.	Plot Path Finance LLC 13359 No. Highway 183 Suite 406-568 Austin, TX 78750	2022 to present
26a.2.	Valley Oak Financial 6011 Stadium Dr. Kalamazoo, MI 49009	2015 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Valley Oak Financial 6011 Stadium Dr. Kalamazoo, MI 49009	2022 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Plot Path Finance LLC 13359 No. Highway 183 Suite 406-568 Austin, TX 78750	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	U.S. Small Business Administration Attn: District Counsel 455 Market St., Suite 600 San Francisco, CA 94105
26d.2.	Shopify 33 New Montgomery St., Suite 750 San Francisco, CA 94105
26d.3.	Paypal Working Capital Attn: Executive Escalation P.O. Box 45950 Omaha, NE 68145

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Livie and Luca LLC**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Mitzi Rivas	1499 Posen Ave. Albany, CA 94706	CEO	100% owner

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Mitzi Rivas 1499 Posen Ave. Albany, CA 94706	\$3,840		Reimbursements
	Relationship to debtor CEO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Debtor Livie and Luca LLC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 8, 2023

/s/ Mitzi Rivas
Signature of individual signing on behalf of the debtor

Mitzi Rivas
Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Northern District of California**

In re **Livie and Luca LLC**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **August 8, 2023**

Signature **/s/ Mitzi Rivas**
Mitzi Rivas

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA**

In re
Livie and Luca LLC

Case No.

Debtor(s). _____ /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 20 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED: August 8, 2023

/s/ Stephen D. Finestone

Signature of Debtor's Attorney or Pro Per Debtor

Adlantica LLC
6662 Escondido St.
Irving, TX 75039

AGA
Attn: Samuel Murphy
740 Walt Whitman Rd.
Melville, NY 11747

Aggressive Global Sourcing Corp
Attn: Roy Shuman
P.O. Box 772
La Canada Flintridge, CA 91012

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1667 41st Ave.
San Francisco, CA 94122

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American Pediatric Medical Assn.
9312 Old Georgetown Rd.
Bethesda, MD 20814

Amie Garcia
440 N. Barranca Ave, #5077
Covina, CA 91723

Amwins Connect Adminstrators
6 N. Park Dr.
Hunt Valley, MD 21030

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Tampa, FL 33602

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Arizona Dept. of Economic Security
P.O. Box 6028
Mail Drop 5881
Phoenix, AZ 85005

Arizona Dept. of Revenue
P.O. Box 29085
Phoenix, AZ 85038

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P.O. Box 66041
Dallas, TX 75266

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Attn: Franklin Castro
201 NW 22nd Ave.
Unit 100
Fort Lauderdale, FL 33311

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c/o SMBX
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Bryan Cave et al.
Attn: Jenn Rizutti
211 N Broadway, Suite 3600
Saint Louis, MO 63102

Business Card
P.O. Box 15796
Wilmington, DE 19886

Cal. Dept of Tax and Fee Administration
450 N Street
P.O. Box 942879
Sacramento, CA 94279

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State of California
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Attention: Raul Garcia
224 Airport Parkway
San Jose, CA 95110

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Philadelphia, PA 19101-7316

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SC Treasure Limited
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**United States Bankruptcy Court
Northern District of California**

In re **Livie and Luca LLC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Livie and Luca LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

August 8, 2023

Date

/s/ Stephen D. Finestone

Stephen D. Finestone 125675

Signature of Attorney or Litigant
Counsel for **Livie and Luca LLC**

Finestone Hayes LLP

**456 Montgomery St., 20th Floor
San Francisco, CA 94104**

**415 421-2624 Fax: 415 398-2820
sfinestone@fhllawllp.com**

**United States Bankruptcy Court
Northern District of California**

In re **Livie and Luca LLC**

Debtor(s)

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Chapter

11

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ **40,000.00**
 - b) Prior to the filing of this statement, debtor(s) have paid \$ **40,000.00**
 - c) The unpaid balance due and payable is \$ **0.00**
3. \$ **1,738.00** of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a. Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b. Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - c. Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

Dated: **August 8, 2023**

Respectfully submitted,

/s/ Stephen D. Finestone

Attorney for Debtor: **Stephen D. Finestone 125675**
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